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State/Territory Name: AZ

State Plan Amendment (SPA) #: 21-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

February 4, 2022

Jami Snyder, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

RE: TN AZ-21-0024

Dear Director Snyder:

We have reviewed the proposed Arizona (AZ) State Plan Amendment (SPA) to Attachment 4.19-B AZ-21-0024, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 15, 2021. This plan amendment authorizes updates the Outpatient Differential Adjusted Payment (DAP) program.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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Outpatient Differential Adjusted Payment

The following is a description of methods and standards for determining Differential Adjusted Payments for providers registered with AHCCCS as integrated clinics, registered physicians, physician's assistants, and registered nurse practitioners, dental providers, Behavioral Health Outpatient Clinics, Critical Access Hospitals, Hospitals Subject to APR-DRG Reimbursement, excluding Critical Access Hospitals, and behavioral health providers. The purpose of the Differential Adjusted Payment is to distinguish facilities which have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce cost of care growth. The Differential Adjusted Payment Schedule represents a positive adjustment to the AHCCCS Fee-For-Service reimbursement rates. These payment adjustments will occur for all dates of service in Contract Year Ending (CYE) 2022 (October 1, 2021 through September 30, 2022) only.

1) Integrated Clinics

A. APPLICABILITY

Integrated Clinics, Provider Type IC, are eligible for a DAP increase of 10.0% for select physical health services by meeting all of the following criteria for licensure, behavioral health utilization, and Health Information Exchange (HIE) participation.

a. Licensure

The provider must be licensed by the ADHS as an Outpatient Treatment Center which provides both behavioral health services and physical health services.

b. Behavioral Health Services Utilization At Least 40.0%

Behavioral health services for the provider must account for at least 40.0% of total AHCCCS claims and encounters. Utilizing claims and encounter data for dates of service from October 1, 2019 through September 30, 2020, AHCCCS will compute claims and encounters for behavioral health services as a percentage of total claims and encounters as of April 1, 2021 to determine which providers meet the 40.0% minimum threshold.

- i. Only approved and adjudicated AHCCCS claims and encounters will be utilized in the computations.
- ii. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

c. Health Information Exchange Participation

Integrated Clinics that meet the following milestones are eligible to participate in this DAP initiative. In order to qualify, by April 1, 2021 the Integrated Clinic must have submitted a Letter of Intent (LOI) to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates:

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- i. *Milestone #1:* No later than April 1, 2021, the clinic must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. If it is the clinic's first year in the DAP initiative, then it must meet the participation agreement requirement of this milestone no later than August 1, 2021.
- ii. *Milestone #2:* No later than April 1, 2021, the clinic must electronically submit actual patient identifiable information to the production environment of the qualifying HIE organization, including both a registration event and an encounter summary as well as specifically Seriously Mentally Ill (SMI) data elements, as defined by the qualifying HIE organization. If a clinic is in the process of integrating a new Practice Management and/or electronic health record (EHR) system, or if it is the clinic's first year in the DAP HIE initiative, then it must meet this milestone no later than November 1, 2021.
- iii. *Milestone #3:* No later than April 1, 2021, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic's EHR. If it is the clinic's first year in the DAP HIE initiative, then it must meet this milestone no later than January 1, 2022.
- iv. *Milestone #4:* No later than May 1, 2021, or by the clinic's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the clinic must complete the following COVID-19 related milestones, if they are applicable:
 1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
- v. *Milestone #5:* No later than May 1, 2021, clinics that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
- vi. *Milestone #6:* No later than November 1, 2021, the clinic must approve and authorize a formal Statement of Work (SOW) to initiate and complete a data

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quality improvement effort, as defined by the qualifying HIE organization and in collaboration with a qualifying HIE organization.

- vii. *Milestone #7*: No later than January 1, 2022, the clinic must complete the initial data quality profile with a qualifying HIE organization.
- viii. *Milestone #8*: No later than May 1, 2022, the clinic must complete the final data quality profile with a qualifying HIE organization.

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2.

If a clinic has already achieved one or more of the CYE 2021 milestones as of April 1, 2021, the LOI must include a commitment by the clinic to maintain its participation in those milestone activities for the period April 1, 2021 through September 30, 2022.

If a clinic submits a LOI and receives the DAP increase for CYE 2022 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that clinic will be ineligible to receive DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

The DAP rates will be paid for select physical health services and will provide an increase of 10.0% for dates of service in CYE 2022.

B. IHS/638 FACILITIES

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 10 below for IHS/638 DAP details.

C. PAYMENT METHODOLOGY

For the contracting year October 1, 2021 through September 30, 2022, Differential Adjusted Rates will be paid for select physical health services and will provide an increase of 10% over the AHCCCS Fee-For-Service reimbursement rates for the same services. The physical health service codes that qualify for the Differential Adjusted Rate are found below-and effective as of October 1, 2021 (59400, 90471, 90472, 90473, 90474, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99243, 99244, 99245, 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99403).

2) Physicians, Physician Assistants, and Registered Nurse Practitioners

A. APPLICABILITY

Physicians, Physician Assistants, and Registered Nurse Practitioners (Provider Types 08, 18,

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19, and 31) are eligible for DAP increases under the following criteria.

a. Electronic Prescriptions

A provider that has written at least 80 prescriptions for AHCCCS members, and has written at least 75% of its total AHCCCS prescriptions as Electronic Prescriptions (E-Prescriptions) will qualify for a 1.0% DAP increase for all services billed on the CMS Form 1500. E-Prescription statistics will be identified by the AHCCCS provider ID for the prescribing provider, and computed by AHCCCS based on the following factors:

- i. Only approved and adjudicated AHCCCS claims and encounters for July 1, 2020 through December 31, 2020 dispense dates will be utilized in the computations.
- ii. AHCCCS will compute claims and encounters for this purpose as of April 1, 2021 to determine which providers meet the minimum threshold.
- iii. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.
- iv. E-Prescriptions include those prescriptions generated through a computer-to-computer electronic data interchange protocol, following a national industry standard and identified by Origin Code 3.
- v. Refills of original prescriptions whereby the original prescriptions meet the definition of E-Prescriptions shall not be counted as E-Prescriptions.

The DAP will apply to claims for covered AHCCCS services where the rendering provider ID on the claim is the same as the prescribing provider ID that was identified and found to meet the criteria described above.

b. 6-Week Postpartum Visits

An obstetrician or gynecologist that meets the criteria for provision of 6-week postpartum visits will qualify for a 1.0% DAP increase on all claims. A provider qualifies if it has delivered and discretely billed for 6-week postpartum visit services for at least 20% of the members for whom it delivered in the CYE 2020 period. AHCCCS will review claims and encounters for the period October 1, 2019 through September 30, 2020 to determine eligibility for the DAP in CYE 2022. Only approved and adjudicated AHCCCS claims and encounters as of April 1, 2021 will be utilized in determining providers that meet this criteria. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

c. Social Determinants of Health Closed Loop Referral Platform

Providers that meet the following milestones are eligible to participate in this DAP initiative and earn a 1.0% DAP increase. In relation to this DAP initiative

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only, the qualifying HIE organization is designated as Health Current, in alignment with AHCCCS' Whole Person Care Initiative. In order to qualify, by May 14, 2021, the provider must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:

- i. *Milestone #1:* No later than May 14, 2021, submit a registration form for participation using the website-based registration form(s) on the website of the qualifying HIE organization.
- ii. *Milestone #2:* No later than February 1, 2022:
 1. For providers with an active Participation Agreement with a qualifying HIE organization, submit a signed Participation SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 2. For providers without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
- iii. *Milestone #3:* No later than April 1, 2022, providers must approve and authorize a formal SOW to initiate participation in the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization during CYE 2022 or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization.
- iv. *Milestone #4:* No later than September 30, 2022 or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. For the purposes of this DAP, "use of the SDOH Closed-Loop Referral Platform" will be defined by the qualifying HIE organization in collaboration with AHCCCS and the community by October 1, 2021.

d. American Society of Addiction Medicine (ASAM) Continuum Software Integration
Providers that bill for behavioral health assessments will be eligible for a 0.5% DAP increase on all provider claims by integrating their EHR system with the ASAM continuum software. By April 30, 2021, providers need to submit an LOI to AHCCCS indicating they will contract with a vendor to complete integration of ASAM with their EHR system by April 30, 2022.

If a provider submits an LOI and receives the 0.5% DAP increase for CYE 2022, but fails to integrate its system by April 30, 2022, that provider will be ineligible to receive any DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

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B. IHS and 638 TRIBALLY OWNED AND/OR OPERATED FACILITIES

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 10 below for IHS/638 DAP details.

C. PAYMENT METHODOLOGY

Physicians, physician assistants, and registered nurse practitioners will qualify for a 1.0% increase on all services billed on the CMS Form 1500 for each measure outlined in 2.A.a., 2.A.b., and 2.A.c., and a 0.5% increase on all services billed on the CMS Form 1500 for the measure outlined in 2.A.d. The DAP increase will apply to claims with service dates from October 1, 2021 to September 30, 2022.

3) Dental Providers

A. APPLICABILITY

Dental Providers (Provider Types 07 and 54) are eligible for DAP increases under the following criteria.

a. Dental Sealants for Children Performance Measure

A provider that meets the criteria for the dental sealants for children performance measure will qualify for a 1.0% DAP increase on all claims. Providers that increased the number of AHCCCS child members from 5 through 15 years of age to whom they provided dental sealants from CYE 2019 to CYE 2020 are considered to meet this measure. AHCCCS will review only approved and adjudicated claims and encounter data in order to compute a count of the number of AHCCCS members who are children aged 5 through 15 years who received a dental sealant for each time period. AHCCCS will compute claims and encounters for this purpose as of April 1, 2021. Providers with a computed increase to their count will qualify for the DAP increase.

b. Provision of Dental Services on Weekends

A provider that meets the criteria for the provision of dental services on weekends will qualify for a 1.0% DAP increase on all claims. A provider qualifies if 1.0% or more of its services were incurred for dates of service on a weekend for the period October 1, 2019 through September 30, 2020. Only approved and adjudicated AHCCCS claims and encounters as of April 1, 2021 will be utilized in determining providers that meet this criteria. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

B. IHS and 638 TRIBALLY OWNED AND/OR OPERATED FACILITIES

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see

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Section 10 below for IHS/638 DAP details.

C. PAYMENT METHODOLOGY

For the contracting year October 1, 2021 through September 30, 2022, eligible providers will qualify for a 1.0% increase on all services billed for each measure met in 3A.

4) Behavioral Health Outpatient Clinics and Integrated Clinics

A. APPLICABILITY

Behavioral Health Outpatient Clinics, Provider Type 77, and **Integrated Clinics**, Provider Type IC, are eligible for DAP increases under the following criteria.

a. Partnerships with Schools to Provide Behavioral Health Services

A clinic that meets the criteria for partnering with schools to provide behavioral health services will qualify for a 1.0% DAP increase on all claims. Partnership is defined as a provider with approved and adjudicated claims and encounters for at least one of the following behavioral health services with POS 03 for dates of service from October 1, 2018 through December 31, 2020:

- i. H0004 - Behavioral Health Counseling & Therapy
- ii. H0025 - Behavioral Health Prevention Education Service
- iii. H0031 - Mental Health Assessment by Non-Physician
- iv. H2014 - Skills Training & Development
- v. S5110 - Home Care Training, Family
- vi. T1016 - Case Management

b. Autism Centers of Excellence

A clinic that meets the criteria to be considered an Autism Center of Excellence (COE) will qualify for a 3.0% DAP increase on all claims. An Autism COE is defined as a provider that has been identified as such by any AHCCCS MCO in the "Value Based Providers/Centers of Excellence" attachment to its "Provider Network Development and Management Plan," submitted by November 15, 2020. Providers that have been identified as an Autism COE in this manner will qualify for the DAP increase.

c. Provision of Services to Members in a Difficult to Access Location

A clinic that meets the criteria for provision of services to members in a difficult to access location that cannot be accessed by ground transportation due to the nature and extent of the surrounding Grand Canyon terrain will qualify for a DAP increase of 3.0% on all claims. Provision of services is defined as a provider that has a MOA or MOU with a tribal government to access tribal territory in order to provide behavioral health services to members located in the Grand Canyon. The signed

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MOA or MOU must be in place by April 1, 2021 and submitted to AHCCCS by email to AHCCCS DAP@azahcccs.gov. On April 15, 2021, AHCCCS will review such documents as have been submitted by each provider in order to determine providers that meet this requirement and will qualify for this DAP increase.

d. American Society of Addiction Medicine Continuum Software Integration

Clinics that bill for behavioral health assessments will be eligible for a 0.5% DAP increase on all provider claims by integrating their EHR system with the ASAM continuum software. By April 30, 2021, clinics need to submit an LOI to AHCCCS indicating they will contract with a vendor to complete integration of ASAM with their EHR system by April 30, 2022.

If a clinic submits an LOI and receives the 0.5% DAP increase for CYE 2022, but fails to integrate its system by April 30, 2022, that provider will be ineligible to receive any DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

e. Social Determinants of Health Closed Loop Referral Platform

Clinics that meet the following milestones are eligible to participate in this DAP initiative and earn a 1.0% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Health Current, in alignment with AHCCCS' Whole Person Care Initiative. In order to qualify by May 14, 2021, the clinic must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:

- i. *Milestone #1:* No later than May 14, 2021, submit a registration form for participation using the website-based registration form(s) on the website of the qualifying HIE organization.
- ii. *Milestone #2:* No later than February 1, 2022:
 1. For clinics with an active Participation Agreement with a qualifying HIE organization, submit a signed Participation SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 2. For clinics without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
- iii. *Milestone #3:* No later than April 1, 2022, clinics must approve and authorize a formal SOW to initiate participation in the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization during CYE 2022 or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization.

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- iv. *Milestone #4:* No later than September 30, 2022 or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. For the purposes of this DAP, the “use of the SDOH Closed-Loop Referral Platform” will be defined by the qualifying HIE organization in collaboration with AHCCCS and the community by October 1, 2021.

B. IHS and 638 TRIBALLY OWNED AND/OR OPERATED FACILITIES

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 10 below for IHS/638 DAP details.

C. PAYMENT METHODOLOGY

For Behavioral Health Outpatient Clinics, Provider Type 77, and Integrated Clinics, Provider Type IC, all payment rates for Fee for Service services will be increased by: 1.0% if they meet the school-based behavioral health services requirement, 3.0% if they meet the criteria to be considered an Autism Center for Excellence, 3.0% if the clinic meets the criteria for provision of services to members in a difficult to access location that cannot be accessed by ground transportation due to the nature and extent of the surrounding Grand Canyon terrain, 0.5% if the clinic meets the criteria for the ASAM Software integration, and 1.0% if the clinic meets the criteria for the SDOH Closed Loop Referral System.

5) **Critical Access Hospitals**

A. APPLICABILITY

Hospitals designated as a **Critical Access Hospital (CAH)** by March 15, 2021 are eligible for DAP increases under the following criteria.

a. Health Information Exchange Participation

Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 10.0% DAP increase. In order to qualify, by April 1, 2021 the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. *Milestone #1:* No later than April 1, 2021, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.

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- ii. *Milestone #2:* No later than May 1, 2021, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
 - 1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - 2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - 3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
- iii. *Milestone #3:* No later than May 1, 2021, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
- iv. *Milestone #4:* No later than May 1, 2021, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
- v. *Milestone #5:* No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
- vi. *Milestone #6:* No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate connectivity to a SDOH Closed Loop Referral Platform operated by the qualifying HIE organization.
- vii. *Milestone #7:* No later than January 1, 2022, the hospital must complete the initial data quality profile with a qualifying HIE organization, in

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alignment with the data quality improvement SOW as agreed to in Milestone #5.

- viii. *Milestone #8*: No later than May 1, 2022, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.

In addition to the submission of the LOI agreeing to the above milestones, the hospital must meet the following performance criteria:

- ix. *Quality Improvement Performance Criteria*: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in 5.A.a.x.
1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2020 data, to the final data quality profile, based on March 2021 data.
 2. Meet a minimum performance standard of at least 60% based on March 2021 data.
 3. If performance meets or exceeds an upper threshold of 90% based on March 2021 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- x. *DAP HIE Data Quality Standards CYE 2022 Measure Categories*: Hospitals that meet the standards, as defined in Section 5.A.a.xi., qualify for a 2.0% DAP increase for each category of the five measure categories, for a total potential increase of 10.0% if criteria are met for all categories.
1. Data source and data site information must be submitted on all ADT transactions. (2.0%)
 2. Event type must be properly coded on all ADT transactions. (2.0%)
 3. Patient class must be properly coded on all appropriate ADT transactions. (2.0%)
 4. Patient demographic information must be submitted on all ADT transactions. (2.0%)
 5. Overall completeness of the ADT message. (2.0%)
- xi. *CYE 2022 DAP HIE Data Quality Standards*
1. Measure 1: Data source and data site information must be submitted on all ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: MSH.4, EVN.7, PV1.3.4
 - iii. Exclusions: None
 - iv. Additional Notes: The source information can be derived from the MSH.4 segment, and the site

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- information from one of the other inclusions. If both source and site information are sent in MSH.4, the sending organization must provide the required mapping details to Health Current.
2. Measure 2: Event type must be properly coded on all ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: EVN.1, MSH.9.1, MSH.9.2
 - iii. Exclusions: None
 3. Measure 3: Patient class must be properly coded on all appropriate ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)
 - iii. Exclusions: None
 4. Measure 4: Patient demographic information must be submitted on all ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1 PID.11.1, PID.11.3, PID.11.4, PID,11.5
 - iii. Exclusions: None
 - iv. Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender, and address (street address, city, state, and zip). The patient demographic elements that have been removed from previous iterations of this measure include middle name, address type, county, and country.
 5. Measure 5: Overall completeness of the ADT message
 - i. Standards: HL7
 - ii. Inclusions: MSH.4, MSH.9.1, MSH.9.2, EVN.1, EVN.7, PV1.3.4, PV1.2, PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1 PID.11.1, PID.11.3, PID.11.4, PID.11.5
 - iii. Exclusions: None

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

If a hospital has already achieved one or more of the CYE 2022 milestones as of April 1, 2021, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 2021 through

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September 30, 2022. If a hospital receives up to a 10.0% DAP increase for CYE 2022 but fails to achieve one or more of the milestones in the LOI by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be monitored and evaluated during the CYE 2022 period in order to ensure that performance improvements are maintained.

b. Enter into a Care Coordination Agreement with an IHS/638 Facility

Hospitals will be eligible for a 0.5% DAP increase by participating in a CCA with an IHS/Tribal 638 facility. By March 15, 2021, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2021, the facility must have entered into a CCA with a IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:

- i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance- SHO #16-002.
- ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
- iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.
- iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2021.

B. IHS and 638 TRIBALLY OWNED AND/OR OPERATED FACILITIES

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 10 below for IHS/638 DAP details.

C. PAYMENT METHODOLOGY

For critical access hospitals, payment rates for outpatient services will be increased by 10.0% if they meet the HIE requirements, and by 0.5% if they meet the CCA requirements for service dates from October 1, 2021 to September 30, 2022. These increases do not apply

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to supplemental payments.

6) Hospitals Subject to APR-DRG Reimbursements and Other Hospitals

A. APPLICABILITY

1. **Hospitals, Provider Type 02**, are eligible for DAP increases under the following criteria.

a. Health Information Exchange Participation

Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 2.5% DAP increase for outpatient services. In order to qualify, by April 1, 2021 the hospital must have submitted a Letter of Intent (LOI) to AHCCCS and the Health Information Exchange (HIE), in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. *Milestone #1*: No later than April 1, 2021, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
- ii. *Milestone #2*: No later than May 1, 2021, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
 1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
- iii. *Milestone #3*: No later than May 1, 2021, hospitals that utilize external reference labs for any lab result processing must submit

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- necessary provider authorization forms to the qualifying HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- iv. *Milestone #4:* No later than May 1, 2021, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - v. *Milestone #5:* No later than November 1, 2021, the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
 - vi. *Milestone #6:* No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate connectivity to a Social Determinants of Health (SDOH) Closed Loop Referral Platform operated by the qualifying HIE organization.
 - vii. *Milestone #7:* No later than January 1, 2022, the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.
 - viii. *Milestone #8:* No later than May 1, 2022, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.
 - ix. *Quality Improvement Performance Criteria:* Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in 6.A.1.a.x.
 - 1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2020 data, to the final data quality profile, based on March 2021 data.
 - 2. Meet a minimum performance standard of at least 60% based on March 2021 data.
 - 3. If performance meets or exceeds an upper threshold of 90% based on March 2021 data, the hospital meets the

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criteria, regardless of the percentage improvement from the baseline measurements.

In addition to the submission of the LOI agreeing to the above milestones, the hospital must meet the following performance criteria:

- x. *DAP HIE Data Quality Standards* CYE 2022 Measure Categories: Hospitals that meet the standards, as defined in Section 6.A.1.a.xi., qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.5% if criteria are met for all categories.
 - 1. Data source and data site information must be submitted on all ADT transactions. (0.5%)
 - 2. Event type must be properly coded on all ADT transactions. (0.5%)
 - 3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%)
 - 4. Patient demographic information must be submitted on all ADT transactions. (0.5%)
 - 5. Overall completeness of the ADT message. (0.5%)
- xi. *CYE 2022 DAP HIE Data Quality Standards*
 - 1. Measure 1: Data source and data site information must be submitted on all ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: MSH.4, EVN.7, PV1.3.4
 - iii. Exclusions: None
 - iv. Additional Notes: The source information can be derived from the MSH.4 segment, and the site information from one of the other inclusions. If both source and site information are sent in MSH.4, the sending organization must provide the required mapping details to Health Current.
 - 2. Measure 2: Event type must be properly coded on all ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: EVN.1, MSH.9.1, MSH.9.2
 - iii. Exclusions: None
 - 3. Measure 3: Patient class must be properly coded on all appropriate ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)

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- iii. Exclusions: None
- 4. Measure 4: Patient demographic information must be submitted on all ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1 PID.11.1, PID.11.3, PID.11.4, PID,11.5
 - iii. Exclusions: None
 - iv. Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender, and address (street address, city, state, and zip). The patient demographic elements that have been removed from previous iterations of this measure include middle name, address type, county, and country.
- 5. Measure 5: Overall completeness of the ADT message
 - i. Standards: HL7
 - ii. Inclusions: MSH.4, MSH.9.1, MSH.9.2, EVN.1, EVN.7, PV1.3.4, PV1.2, PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1 PID.11.1, PID.11.3, PID.11.4, PID.11.5
 - iii. Exclusions: None

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2.

If a hospital has already achieved one or more of the CYE 2022 milestones as of April 1, 2021, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 2021 through September 30, 2022.

If a hospital receives up to a 2.5% DAP increase for CYE 2022 but fails to achieve one or more of the milestones in the LOI by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be

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monitored and evaluated during the CYE 2022 period in order to ensure that performance improvements are maintained.

b. Enter into a Care Coordination Agreement with an IHS/Tribal 638 Facility

Hospitals will be eligible for a 0.5% DAP increase by participating in a Care Coordination Agreement (CCA) with an IHS/Tribal 638 facility. By March 15, 2021, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2021, the facility must have entered into a CCA with a IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:

1. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance- SHO #16-002.
2. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
3. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.

AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2021.

2. **Psychiatric Hospitals**, with the exception of public hospitals, Provider Type 71; Secure Residential Treatment Centers (17+ beds), Provider Type B1; Non-Secure Residential Treatment Centers (17+ beds), Provider Type B3; Subacute Facilities (1-16 Beds), Provider Type B5; Subacute Facilities (17+ beds), Provider Type B6; Rehabilitation Hospitals, Provider Type C4; Long Term Acute Care Hospitals, Provider Type C4 are eligible for DAP increases under the following criteria. For purposes of Section 6, other inpatient facilities will be referred to as hospitals.

a. Health Information Exchange Participation

Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 2.5% DAP increase.

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In order to qualify, by April 1, 2021 the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. *Milestone #1:* No later than April 1, 2021, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
- ii. *Milestone #2:* No later than May 1, 2021, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
 1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
- iii. *Milestone #3:* No later than May 1, 2021, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
- iv. *Milestone #4:* No later than May 1, 2021, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.

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- v. *Milestone #5*: No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
- vi. *Milestone #6*: No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate connectivity to either a SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization or an Advance Directives Registry platform operated by the qualifying HIE organization.
- vii. *Milestone #7*: No later than January 1, 2022, the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.
- viii. *Milestone #8*: No later than May 1, 2022, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.

In addition to the submission of the LOI agreeing to the above milestones, the hospital must meet the following performance criteria:

- ix. *Quality Improvement Performance Criteria*: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to DAP increases described below in 6.A.2.a.x.
 - 1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2020 data, to the final data quality profile, based on March 2021 data.
 - 2. Meet a minimum performance standard of at least 60% based on March 2021 data.
 - 3. If performance meets or exceeds an upper threshold of 90% based on March 2021 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- x. *DAP HIE Data Quality Standards CYE 2022 Measure Categories*: Hospitals that meet the standards, as defined in Section 6.A.2.a.xi., qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.5% if criteria are met for all categories.
 - 1. Data source and data site information must be submitted on all ADT transactions. (0.5%)
 - 2. Event type must be properly coded on all ADT transactions. (0.5%)
 - 3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%)

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4. Patient demographic information must be submitted on all ADT transactions. (0.5%)
 5. Overall completeness of the ADT message. (0.5%)
- xi. *CYE 2022 DAP HIE Data Quality Standards*
1. Measure 1: Data source and data site information must be submitted on all ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: MSH.4, EVN.7, PV1.3.4
 - iii. Exclusions: None
 - iv. Additional Notes: The source information can be derived from the MSH.4 segment, and the site information from one of the other inclusions. If both source and site information are sent in MSH.4, the sending organization must provide the required mapping details to Health Current.
 2. Measure 2: Event type must be properly coded on all ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: EVN.1, MSH.9.1, MSH.9.2
 - iii. Exclusions: None
 3. Measure 3: Patient class must be properly coded on all appropriate ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)
 - iii. Exclusions: None
 4. Measure 4: Patient demographic information must be submitted on all ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5
 - iii. Exclusions: None
 - iv. Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender, and address (street address, city, state, and zip). The patient demographic elements that have been removed from previous iterations of this measure include middle name, address type, county, and country.
 5. Measure 5: Overall completeness of the ADT message
 - i. Standards: HL7
 - ii. Inclusions: MSH.4, MSH.9.1, MSH.9.2, EVN.1, EVN.7, PV1.3.4, PV1.2, PID.1.1, PID.3.1, PID.5.1, PID.5.2,

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PID.7.1, PID.8.1, PID.10.1 PID.11.1, PID.11.3, PID.11.4,
PID.11.5

iii. Exclusions: None

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2.

If a hospital has already achieved one or more of the CYE 2022 milestones as of April 1, 2021, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 2021 through September 30, 2022.

If a hospital receives up to a 2.5% DAP increase for CYE 2022 but fails to achieve one or more of the milestones in the LOI by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be monitored and evaluated during the CYE 2022 period in order to ensure that performance improvements are maintained.

b. Inpatient Psychiatric Facility Quality Reporting Program

Inpatient psychiatric facilities that meet the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) performance measure will qualify for a 2.0% DAP increase for dates of service from October 1, 2021 to September 30, 2022. On March 15, 2021, AHCCCS will download the most current data from the QualityNet.org website to identify Medicare's Annual Payment Update (APU) recipients. APU recipients are those facilities that satisfactorily met the requirements for the IPFQR program, which includes multiple clinical quality measures. Facilities identified as APU recipients will qualify for the DAP increase.

c. Long-Term Care Hospital Pressure Ulcers Performance Measure

Long Term Care Hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for a 2.0% DAP increase for dates of service from October 1, 2021 to September 30, 2022. On March 15, 2021 Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.

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d. Inpatient Rehabilitation Pressure Ulcers Performance Measure

Inpatient Rehabilitation Hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for a 2.0% DAP increase for dates of service from October 1, 2021 to September 30, 2022. On March 15, 2021, Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.

e. Enter into a Care Coordination Agreement with an IHS/Tribal 638 Facility

Hospitals will be eligible for a 0.5% DAP increase by participating in a CCA with an IHS/Tribal 638 facility. By March 15, 2021, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2021, the facility must have entered into a CCA with a IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:

- i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance- SHO #16-002.
- ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
- iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.
- iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2021.

B. IHS and 638 TRIBALLY OWNED AND/OR OPERATED FACILITIES

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 10 below for IHS/638 DAP details.

C. PAYMENT METHODOLOGY

For hospitals receiving APR-DRG reimbursement (described in Section 6.A.1 above), fee-for-service reimbursement rates may be increased up to a maximum of 3.0%. Payment rates for outpatient services will be increased by 2.5% if they meet the HIE requirements, and by 0.5% if

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they meet the CCA requirements. These increases do not apply to supplemental payments.

For other hospitals and facilities (described in Section 6.A.2 above), fee-for-service reimbursement rates may be increased up to a maximum of 5.0%. Payment rates for outpatient services will be increased by 2.5% if they meet the HIE requirements detailed in 6.A.2.a., and by 0.5% if they meet the CCA requirements detailed in 6.A.2.e.. For inpatient psychiatric facilities, payment rates for outpatient services will be increased by 2.0% if they meet the requirements detailed in 6.A.2.b. For Long-Term Care Hospitals, payment rates for outpatient services will be increased by 2.0% if they meet the requirements detailed in 6.A.2.c. For inpatient rehabilitation hospitals, payment rates for outpatient services will be increased by 2.0% if they meet the requirements detailed in 6.A.2.d. These increases do not apply to supplemental payments.

7) Behavioral Health Outpatient Clinics

A. APPLICABILITY

Behavioral Health Outpatient Clinics, Provider Type 77, as licensed by the ADHS, are eligible for a DAP increase under the following criteria.

a. Health Information Exchange Participation

Behavioral Health Outpatient Clinics that meet the following milestones are eligible to participate in this DAP initiative. In order to qualify, by April 1, 2021, the clinic must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates:

- i. *Milestone #1*: No later than April 1, 2021, the clinic must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. If it is the clinic's first year in the DAP initiative, then it must meet the participation agreement requirement of this milestone no later than August 1, 2021.
- ii. *Milestone #2*: No later than April 1, 2021, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic's EHR. If it is the clinic's first year in the DAP HIE initiative, then it must meet this milestone no later than January 1, 2022.
- iii. *Milestone #3*: No later than May 1, 2021, clinics that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.

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- iv. *Milestone #4:* No later than October 1, 2021, the facility must approve and authorize a formal SOW with a qualifying HIE organization to develop and implement the data exchange necessary to support transmission of data elements described in Milestone #5.
- v. *Milestone #5:* No later than April 1, 2022, the clinic must electronically submit actual patient identifiable information to the production environment of the qualifying HIE organization, including both a registration event and an encounter summary, as well as SMI data elements, as defined by the qualifying HIE organization.
- vi. *Milestone #6:* By the clinic's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the clinic must complete the following COVID-19 related milestones, if they are applicable:
 - a. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - b. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - c. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

If a clinic has already achieved one or more of the CYE 2021 milestones as of April 1, 2021, the LOI must include a commitment by the clinic to maintain its participation in those milestone activities for the period April 1, 2021 through September 30, 2022. If a clinic submits a LOI and receives the DAP increase for CYE 2022 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that clinic will be ineligible to receive DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

B. IHS and 638 TRIBALLY OWNED AND/OR OPERATED FACILITIES

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 10 below for IHS/638 DAP details.

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C. PAYMENT METHODOLOGY

Behavioral Health Outpatient Clinics will qualify for a 1.0% increase on all services for HIE participation.

8) Home and Community Based Services

A. APPLICABILITY

Home and Community Based Services (HCBS) Providers are eligible for DAP increases under the following criteria.

a. Electronic Visit Verification Claims Validation

HCBS providers that participate in the Electronic Visit Verification (EVV) system will qualify for a DAP increase of 0.5% if

1. The agency administrator completed required training for the Sandata EVV system by December 31, 2020, or
2. The provider's Alternate EVV vendor completed required testing by December 31, 2020.

The DAP increase will be applicable to Provider Type 77 (Behavioral Outpatient Clinic), Provider Type 46 (Private Duty Nurse), Provider Type 23/95 (Home Health Agency) if it was performed at Place of Service 12, 13, or 99 and the following types of service: home health (aide, therapy, nursing services), personal care, respite, and skills training.

B. IHS and 638 TRIBALLY OWNED AND/OR OPERATED FACILITIES

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 10 below for IHS/638 DAP details.

C. PAYMENT METHODOLOGY

Eligible HCBS providers who met the EVV claims validation requirements will qualify for a 0.5% increase on services with the applicable combination of provider type, place of service and service codes in Paragraph 8.A.a.

9) Behavioral Health Providers

A. APPLICABILITY

Community Service Agencies (CSA), Independent Substance Abuse Counselors (LISAC), Behavioral Health Therapeutic Homes, and Rural Substance Abuse Transitional Agencies (Provider Types A3, A4, A5 and A6) are eligible for DAP increases under the following criteria.

a. Social Determinants of Health Closed Loop Referral Platform

Providers that meet the following milestones are eligible to participate in this DAP

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initiative and earn a 1.0% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Health Current, in alignment with AHCCCS' Whole Person Care Initiative. In order to qualify, by May 14, 2021, the provider must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:

- i. *Milestone #1:* No later than May 14, 2021, submit a registration form for participation using the website-based registration form(s) on the website of the qualifying HIE organization.
- ii. *Milestone #2:* No later than February 1, 2022:
 1. For providers with an active Participation Agreement with a qualifying HIE organization, submit a signed Participation SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 2. For providers without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
- iii. *Milestone #3:* No later than April 1, 2022, providers must approve and authorize a formal SOW to initiate participation in the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization during CYE 2022 or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization.
- iv. *Milestone #4:* No later than September 30, 2022 or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. For the purposes of this DAP, "use of the SDOH Closed-Loop Referral Platform" will be defined by the qualifying HIE organization in collaboration with AHCCCS and the community by October 1, 2021.

B. IHS and 638 TRIBALLY OWNED AND/OR OPERATED FACILITIES

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 10-below for IHS/638 DAP details.

C. PAYMENT METHODOLOGY

Behavioral Health Providers (Provider Types A3, A4, A5 and A6) who met the SDOH Closed Loop Referral System requirements will qualify for a 1.0% increase on all services.

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The following is a description of methods and standards for determining Differential Adjusted Payments for IHS/638 Tribally owned and/or operated facilities. The purpose of the Differential Adjusted Payment is to distinguish facilities which have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce cost of care growth. The Differential Adjusted Payment Schedule represents a positive adjustment to the AHCCCS rates. These payment adjustments will occur for all dates of service in Contract Year Ending (CYE) 2022 (October 1, 2021 through September 30, 2022) only.

10) IHS and 638 Tribally Owned and/or Operated Facilities

A. APPLICABILITY

Hospitals, Provider Type 02, owned and/or operated by Indian Health Services (IHS) or under Tribal authority by May 27, 2020 are eligible for a DAP increase under the following criteria:

a. Health Information Exchange Participation

Hospitals that meet the following milestones are eligible to participate in this DAP initiative and a 2.5% DAP increase for inpatient, outpatient, and ambulatory services. In order to qualify, by April 1, 2021 the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. *Milestone #1*: No later than April 1, 2021, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
- ii. *Milestone #2*: No later than May 1, 2021, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
 1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.

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- iii. *Milestone #3:* No later than May 1, 2021, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
- iv. *Milestone #4:* No later than June 1, 2021, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the facility has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following actual patient identifiable information to the production environment of a qualifying HIE: registration, encounter summary, and SMI data elements as defined by the qualifying HIE organization. For hospitals that have not participated in DAP HIE requirements in CYE 2021, the deadline for this milestone will be November 1, 2021.
- v. *Milestone #5:* No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
- vi. *Milestone #6:* No later than January 1, 2022, the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.
- vii. *Milestone #7:* No later than May 1, 2022, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2.

If a facility has already achieved one or more of the CYE 2022 milestones as of April 1, 2021, the LOI must include a commitment by the facility to maintain its participation in those milestone activities for the period April 1, 2021 through September 30, 2022.

If a facility receives the 2.5% DAP increase for CYE 2022 but fails to achieve one or more of the milestones in the LOI by the specified date or fails to maintain its participation in the milestone activities, that facility will be ineligible to receive DAP for dates of service

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from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

b. Care Coordination Agreement with Non-IHS/Tribal 638 Facilities

IHS/Tribal 638 facilities will be eligible for a 0.5% DAP increase by participating in a CCA with a non-IHS/638 facility. By March 15, 2021, the facility must submit a LOI to enter into a CCA with a non-IHS/638 facility (a fully signed copy of a CCA with a non-IHS/Tribal 638 facility is also acceptable). By April 30, 2021, the facility must have entered into a CCA with a non-IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:

The IHS/Tribal 638 facility will have in place a signed CCA with a non-IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance- SHO #16-002.

- i. The IHS/Tribal 638 facility will have a valid referral template in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
- ii. The IHS/Tribal 638 facility will continue to assume responsibility of the referred member, maintaining records and release of information protocol including clinical documentation of services provided by the non-IHS/Tribal 638 facility.

AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the IHS/Tribal 638 facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2021.

B. PAYMENT METHODOLOGY

All payments will be increased by 2.5% if the IHS/638 facility meets the above criteria for HIE participation and by 0.5% if the IHS/Tribal 638 facility meets the above criteria for the CCA agreement. The proposed DAP for IHS/638 facilities would be applicable to the All-inclusive Rate (AIR).